

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-8751)

SERIAL NO. **101034 497**
APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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